

8. EDUCATION

A.	Name and Location of College or University	COURSE OF STUDY	COMPLETED		DEGREE	DATE COMPLETED
			semester units	quarter units		

B. Additional Specialized Training (check or complete boxes)

California Credentials Held	Elem	Sec	Majors/Minors/Serv.	Expiration
Other:				

Have applied For: _____ Date: _____

Has your credentials ever been suspended or revoked? ☐ Yes ☐ No

Have you ever been dismissed, or asked to resign, from any teaching position? ☐ Yes ☐ No

For each question answered yes, explain in writing the circumstance and attach the statement to this form.

9. EXPERIENCE (PAID TEACHING/COUNSELING)

Begin with your most recent experience. List all experience which you believe meets the requirements for the position you are seeking.

Period of Employment	Job Title and Most Important Duties Performed	School Name & Address Supervisor Name & Title
From ____/____/____ To ____/____/____ TOTAL ____ YR. ____ MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ SALARY: \$ _____ Age/Grade Level _____ DUTIES: _____	REASON FOR LEAVING: _____
From ____/____/____ To ____/____/____ TOTAL ____ YR. ____ MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ SALARY: \$ _____ Age/Grade Level _____ DUTIES: _____	REASON FOR LEAVING: _____
From ____/____/____ To ____/____/____ TOTAL ____ YR. ____ MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ SALARY: \$ _____ Age/Grade Level _____ DUTIES: _____	REASON FOR LEAVING: _____
From ____/____/____ To ____/____/____ TOTAL ____ YR. ____ MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ SALARY: \$ _____ Age/Grade Level _____ DUTIES: _____	REASON FOR LEAVING: _____
From ____/____/____ To ____/____/____ TOTAL ____ YR. ____ MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ SALARY: \$ _____ Age/Grade Level _____ DUTIES: _____	REASON FOR LEAVING: _____

CERTIFICATE OF APPLICANT - READ CAREFULLY BEFORE SIGNING

I HEREBY CERTIFY that all statements made hereon are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.

Signature of Applicant: _____

Date: _____